

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/09/2015
NAME OF PROVIDER OR SUPPLIER ST CATHERINE HOSPITAL INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4321 FIR ST EAST CHICAGO, IN 46312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This survey was for the investigation of one State complaint.</p> <p>Complaint Number: IN00160250 Substantiated: Deficiency cited related to the allegations.</p> <p>Date: 07/09/2015</p> <p>Facility number: 005008</p> <p>QA: cjl 07/30/15</p>	S 000		
S1326	<p>410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING</p> <p>410 IAC 15-1.5-10 (e)(4)</p> <p>(e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that:</p> <p>(4) utilizes available community and hospital resources to provide appropriate referrals or make available social, psychological, and educational services to meet the needs of the patient.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to notify community resources of patient's discharge to a potentially unsafe home environment, as had been requested by the</p>	S1326		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S1326	<p>Continued From page 1</p> <p>community agency, for follow-up for one (patient #1) of six medical records reviewed.</p> <p>Findings:</p> <p>1. Policy TITLE: Case Management Plan, Policy CM 1.00 last reviewed 12/2010, indicated Discharge Planning</p> <p>7.2: Discharge planning includes, but is not limited to liaison with and referral to transitional care unit, extended care facility, home health, durable medical equipment supplies and other community resources.</p> <p>7.6: Discharge planning needs will be based on the comprehensive evaluation and assessment of the prevention, physiological function, functional status, sociological, physical and psychological comfort of the patient.</p> <p>8.0 Documentation:</p> <p>8.2 The case management associates documents assessments, evaluations, plans, interventions and discussions relating to case management issues in the patient's medical record.</p> <p>8.3 Documentation is consistent and concurrent, with all assessments, evaluations, problem identifications, interventions, evaluations and outcome analysis, addressed in patient record/file.</p> <p>2. Medical record review, patient #1:</p> <p>A. Physician #1's initial history and physical, 11/20/2014, at 1117 hours indicated that he/she had talked to the family, and family member #1 had issues with the dialysis center.</p> <p>B. Physician #1's history and physical was later amended on 11/20/2014 at 1647 hours, after talking to the dialysis center staff and the renal specialist who indicated that the patient misses dialysis frequently, has been coming to dialysis</p>	S1326		

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S1326	<p>Continued From page 2</p> <p>dirty and the patient is usually hungry upon arrival. This was being evaluated by Adult Protective Services (APS), a community agency outside of the hospital, and at that time APS was indicating that the patient's home is not safe for patient to go back to, so this is going to weigh in on patient's care in the hospital and discharge planning. The note also indicated that at this time, we will have to have the patient go to acute rehabilitation or a nursing home since patient's home was not safe to go back into.</p> <p>C. Physician #2, psychiatrist, note on 11/20/2014 indicated patient is competent.</p> <p>D. Staff member #5, social services, note of 11/21/2014 indicated that APS was contacted and was told: there was an open case with patient #1 since 10/2014. The dialysis clinic has had concerns that the patient arrives dirty, smelling of urine, and an APS investigator was told by neighbors that patient is left alone, is outside naked at times and begging for food. No one answers the door, the windows are taped over. APS also indicated the building department and the health department had been contacted to investigate the deplorable conditions. No one in family wanted patient to go to a long term care facility, since they would lose his/her disability checks. APS asked the facility social services department to notify them when patient discharged.</p> <p>E. Record lacked documentation of APS notification prior to patient discharge.</p> <p>3. During an interview on 7/9/2015 at 1300 hours, staff members #4, 5 and 6 (social work) indicated that they remembered patient #1 and that he/she was discharged to home due to the patient not having been found incompetent, and patient wanting to go home. Staff member #4 indicated that it would be standard procedure to</p>	S1326		

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S1326	Continued From page 3 contact APS when this patient was discharged. There was no evidence that this was done.	S1326			